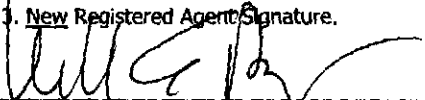


No. W 95827	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) WILLIS E. PARMLEY ERIC L OLSEN 9242 N. SUNSET DR 201 E CENTER POCATELLO ID 83201 AR																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. WILLIS E. PARMLEY, M.D., PLLC WILLIS E. PARMLEY 9242 N SUNSET DR POCATELLO ID 83201	3. New Registered Agent Signature: 																																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>WILLIS E. PARMLEY</td> <td>9242 N. SUNSET DR</td> <td>POCATELLO</td> <td>IA</td> <td>USA</td> <td>83201</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	WILLIS E. PARMLEY	9242 N. SUNSET DR	POCATELLO	IA	USA	83201	Manager ☐ Member ☐							Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 95827	6. Signature:  Name (type or print): WILLIS E. PARMLEY			Date: 12/30/17 Title: MANAGER																																		